

HOW TO SUBMIT AN INQUIRY ABOUT YOUR PROPERTY TO AVOID DUPLICATION, PLEASE RESPOND ONLY ONCE

You may mail or fax the requested information to the address or fax number listed below. Please be sure to include all requested information. During periods of high volume, response time may be 4 to 6 weeks from date of receipt of this form.

| | | | | | |
|---|--|---|--------------|------------|-----|
| 1 | I'm inquiring about property for | <input type="checkbox"/> Myself <input type="checkbox"/> Relative (or deceased) <input type="checkbox"/> Business | | | |
| <i>(If ONLY Relative is checked on line 1 Complete Sections 2-12 & 15-17)</i> | | | | | |
| 2 | Your Name (Not who you are submitting) | *First Name | M.I | *Last Name | |
| 3 | Telephone # | | | | |
| 4 | Your Address | Street | City | State | Zip |
| 5 | Relationship to Inquiry Name | i.e. Sister, Mother etc. | | | |
| 6 | <input type="checkbox"/> Deceased? | | | | |
| <i>(If ONLY Myself is checked on line 1 Complete Sections 7-12 & 15-17)</i> | | | | | |
| 7 | Search for property in the name of | *First Name | M.I | *Last Name | |
| 8 | Social Security # | | | | |
| 9 | Date of Birth | | (mm/dd/yyyy) | | |
| 10 | Spouse's Name | First Name | M.I | Last Name | |
| 11 | Spouse's Social Security # | | | | |
| 12 | Other "Surnames" used | | | | |
| <i>(If ONLY Business is checked on line 1 Complete Sections 13-17)</i> | | | | | |
| 13 | *Business/ Organization Name | | | | |
| 14 | Business Tax ID | | | | |
| 15 | *Current or Last Known Address | Street | City | State | Zip |
| 16 | *Email Address | | | | |
| 17 | Telephone # | | | | |

Send the completed forms to:

**Department of Treasury
Division of Unclaimed Property
PO Box 2478
Richmond Virginia 23218
Fax: (804) 692 - 0576**